

EXCHANGE

GAINING THROUGH GIVING UP

THEBOGG.COM JULY 6-10, 2024 FIVE DAYS/FOUR NIGHTS FOR ONLY \$220

GUEST SPEAKER



Rashad Cunningham

Worship in the Word each day
with Rashad!

Community & Formation
Pastor

Church@Main Brownsburg, IN

GUEST MUSICIANS



RNWN WRSH

Renown Worship will turn your attention
toward God through musical
worship. The bands' acoustical style will
be the icing on your spiritual cake this
week!

LATE NIGHT



WE NEED THIS STUFF...

CAMPER REGISTRATION FORM MEDICAL AUTHORIZATION & PHOTO CONSENT

CAMPER INFORMATION

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: (_____) _____
DOB: _____ / _____ / _____ AGE: _____ SEX: M / F
GRADE JUST COMPLETED: _____ T-SHIRT SIZE: _____
CHURCH ATTENDING WITH: _____

IN CASE OF EMERGENCY, CONTACT:

NAME: _____
PHONE: (_____) _____
ALT PHONE: (_____) _____
NAME: _____
PHONE: (_____) _____
ALT PHONE: (_____) _____

Has camper recently been under a doctor's care? YES / NO

Are there any allergies or special health problems of which the medical staff should know?

If yes, please attach a sheet with description.

CONSENT FOR MEDICAL TREATMENT: *I give my full permission for my son/daughter/legal ward to attend camp and to take part in all activities. He/she will not attend if he/she has been exposed to a contagious disease, or if he/she is not in good physical condition. I do not hold the camp personnel or sponsor responsible for any accident or illness and, if necessary, authorize the camp personnel or sponsors to take my child to a medical facility. I also give my full consent for the medical facility selected to render professional services to my child if he/she becomes ill or is involved in an accident. I further give my consent for my child to be photographed and/or filmed for the purpose of the camp video, printed publications, and camp website.*

HEALTH INSURANCE COMPANY: _____
POLICY # _____ GROUP # _____
INSURANCE COMPANY PHONE NUMBER: (_____) _____

Parent / Guardian Signature & Date

...JUST IN CASE